| PATENT APPL | <b>ICATION</b> | FEE        | DET | EF | RMINATION | RECORD |
|-------------|----------------|------------|-----|----|-----------|--------|
|             | <i></i>        | <b>~</b> . |     | _  |           |        |

**Application or Docket Number** 

| Effective October 1, 2000   |                            |   |                   |                                  |               |                  |                   |             |                        |                |                     |                        |
|---|----------------------------|---|-------------------|----------------------------------|---------------|------------------|-------------------|-------------|------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                            |   |                   |                                  |               | SMALL<br>TYPE    | <br>EN            | TITY        | OR                     | OTHER<br>SMALL |                     |                        |
| TOTAL CLAIMS  |                            | \ \ \ \ \                                 |                   |                                  |               | RATE             | ET                | FEE         | <b>1</b> [             | RATE           | FEE                 |                        |
| FC  | DR .                       |   | NUMBER            | NUMBER FILED                     |               | NUMBER EXTRA     |                   | -+          | 355.00                 |                | BASIC FEE           |                        |
| TC  | OTAL CHARGEA               | ABLE CLAIMS                               | mir               | ( ) minus 20=                    |               | . 21             |                   | $\dashv$    |                        | 1 1            |                     |                        |
| INDEPENDENT CLAIMS  |                            |   | () minus 3 =      |                                  | 1 -           | * 7              |                   | =           |                        | OR             | X\$18=              | 558                    |
| MULTIPLE DEPENDENT CLAIM PRESE  |                            |   |                   | _ :                              |               | 7                |                   | =           | <del></del>            | OR             | X80=                | 560                    |
|   |                            |   |                   |                                  |               | +135             | = [               |             | OR                     | +270=          |                     |                        |
| * 11  |                            | e in column 1 is l                        |                   |                                  |               | olumn 2          | TOTA              | 'L          |                        | OR             | TOTAL               | 1826                   |
|   | С                          | CLAIMS AS A                               | MENDED            |                                  |               |                  |                   |             |                        | OR             | OTHER               |                        |
|   |                            | (Column 1) CLAIMS                         |                   | (Colur                           |               | (Column 3)       | SMAL              | SMALL ENTIT |                        |                | SMALL               |                        |
| AMENDMENT A   |                            | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVIO<br>PAID            | IBER<br>OUSLY | PRESENT<br>EXTRA | RATE              |             | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ş   | Total                      | *   | Minus             | **                               |               | =                | X\$ 9=            | =           |                        | OR             | X\$18=              |                        |
| AME   | Independent                | *   | Minus             | ***                              |               | =                | X40=              | 1           |                        | OR             | X80=                |                        |
|   | FIRST PHESE                | ENTATION OF MU                            | JLTIPLE DEP       | ENDEN                            | CLAIM         |                  | 135               | +           |                        |                |                     |                        |
|   |                            |   |                   |                                  |               |                  | +135:<br>TOT      | i_          |                        | OR             | +270=<br>TOTAL      |                        |
|   |                            | (0.1                                      |                   |                                  |               | _                | ADDIT. F          |             |                        | OR             | ADDIT. FEE          |                        |
|   |                            | (Column 1)<br>CLAIMS                      |                   | (Colur<br>HIGH                   |               | (Column 3)       | <del></del> -     |             |                        |                |                     |                        |
| AMENDMENT B   |                            | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVIO<br>PAID            | IBER<br>OUSLY | PRESENT<br>EXTRA | RATE              |             | ADDI-<br>FEE           |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| S.  | Total                      | 1.16                                      | Minus             | 5                                |               | =                | X\$ 9=            | =           |                        | OR             | X\$18=              |                        |
| AM  | Independent<br>FIRST PRESE | ENTATION OF ML                            | Minus ULTIPLE DEP | PENDENT                          | CLAIM         | - 4              | X40=              | 1           |                        | OR             | X80=                |                        |
|   |                            |   |                   |                                  |               |                  | +135=             |             |                        | OR             | +270=               |                        |
|   |                            |   |                   |                                  |               |                  | TOTA<br>ADDIT. FE |             |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|   |                            | (Column 1)                                |                   | (Colum                           |               | (Column 3)       |                   |             |                        |                | -                   |                        |
| AMENDMENT C   | RE                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY  | PRESENT<br>EXTRA | RATE              | T           | ADDI-<br>IONAL<br>FEE  |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| Š   | Total                      |   | Minus             | 5                                | 1             | =                | X\$ 9=            |             |                        | OR             | X\$18=              |                        |
| AME   | Independent                |   | Minus             | /8                               | <u>)</u>      | = 4              | X40=              | +           |                        | ŀ              | X80=                |                        |
|   | FIRST PRESE                | NTATION OF MU                             | JLTIPLE DEP       | ENDENT                           | CLAIM         |                  | <b> </b>          | +           |                        | OR             |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                            |   |                   |                                  |               |                  |                   |             |                        | +270=          |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                            |   |                   |                                  |               |                  |                   |             |                        |                |                     |                        |